

# Rhode Island Department of Health

## Health Data Briefs

### Efforts to increase breast cancer screening succeeding in R.I.

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Patricia A. Nolan, MD, MPH, Director of Health

#### More Rhode Island women are being screened.

Major strides have been made in breast cancer screening since 1987, the year the Rhode Island Department of Health, in collaboration with physicians and community based organizations throughout the State, instituted a breast cancer screening program. At that time, only 37% of all women ages 40 and over were being screened for breast cancer according to guidelines promoted by the American Cancer Society and other national organizations. Since then, the proportion of eligible women screened has risen to 55%, and should continue to climb. Although screening levels are not even throughout the population, all age groups and socioeconomic groups have experienced an increase since 1987.

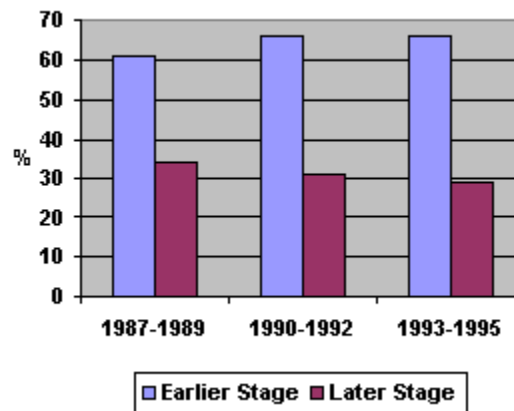
% Eligible Women Screened for Breast Cancer According to Guidelines			
Age Group or Income	1987	1989	1995
Ages 40-49	43%	55%	62%
Ages 50-64	38%	48%	58%
Ages 65+	31%	42%	42%
Family income $\leq$ 200% of the federal poverty level	28%	40%	40%
Family income > 200% of the poverty level	44%	54%	62%

#### More breast cancers are being found early.

As screening for breast cancer has increased, more cancers have been found at earlier stages of disease. The proportion of easier to treat "in situ" and "localized" (earlier stage) tumors found at

diagnosis increased from 61% to 66% in the 9 years of observation. The proportion of harder to treat "regional" and "metastatic" (late stage) tumors found at diagnosis decreased from 34% to 29% in the same period. These trends have been steady and will continue to reveal progress as more women are screened according to guidelines and as the technology of breast cancer screening, especially the technology of mammography, improves over time.

### Stage of Disease at Diagnosis, Breast Cancers R.I.



Source: Rhode Island Department of Health

### Finding breast cancers early saves lives.

Clinical trials have shown that deaths from breast cancer may be cut almost one-third in women ages 40 and above by the regular use of screening mammography and physical breast examination (performed by a trained primary care provider). The breast cancer screening guidelines currently supported by the Department of Health are:

Women ages 40-49	<ul style="list-style-type: none"> <li>• Physical breast examination every year</li> <li>• Mammography every 1-2 years</li> </ul>
Women ages 50+	<ul style="list-style-type: none"> <li>• Physical breast examination every year</li> <li>• Mammography every year</li> </ul>

### The Rhode Island Cancer Registry ... serving Rhode Islanders

Established by the Rhode Island General Assembly in 1985, the Rhode Island Cancer Registry began collecting reports of newly diagnosed cancers on October 1, 1986. The Registry is funded by the State and by the U.S. Centers for Disease Control and Prevention, and is run collaboratively by the Rhode Island Department of Health (DOH) and the Hospital Association of Rhode Island (HARI). DOH staff produce official cancer statistics for the State, supply cancer data to researchers and the general public according to strict guidelines for the

protection of confidentiality, and analyze cancer data in support of cancer control planning and interventions. HARI staff provide comprehensive support to hospital tumor registries, collect, edit, and merge cancer case reports, and analyze data in support of hospital cancer programs. In collaboration with the American College of Surgeons (ACOS), DOH and HARI staff promote the establishment and maintenance of ACOS approved cancer programs in acute care hospitals throughout the State.

### **For additional information on this subject ...**

#### **Publications**

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DeBuono BA, Fulton JP. Guidelines for screening mammography: the controversy. *RI Med*, 1994;77:360-361.

Fulton JP, Rakowski W, Jones AC. Determinants of breast cancer screening among inner city Hispanic women in comparison with other inner city women. *Public Heal Repts*, 1995;110(4):476-482.

#### **Telephone Contacts**

- John P. Fulton, PhD, RI Department of Health: 401-277-1394 x115
- Dorothy Darcy, CTR, Hospital Association of RI: 401-453-8424